

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5104

**FORM C/OH**  
**COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Mr. Michael S. NICKNAME LAST SUFFIX Mike HANSON		<b>OFFICE USE ONLY</b> Date Received COUNTY CLERK TRAVIS COUNTY, TEXAS 02 MAR - 6 PM 2:05 FILED
	4 CANDIDATE / OFFICEHOLDER ADDRESS ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 9903 Capital View DR, Austin, TX 78747 P.O. BOX 19061, Austin, TX 78760 <input type="checkbox"/> Change of Address		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Mrs. MELISSA K. NICKNAME LAST SUFFIX HANSON		Receipt # HD / PM Amount Date Processed Date Imaged
	6 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9903 Capital View DR, Austin, TX 78747 (Residence or business)		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 280-5039 or 657-0523		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year / / THROUGH 03/04/02		
10 ELECTION	ELECTION DATE Month Day Year 03/12/02 ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known) City Commissioner Pct. #	
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. *		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 ACCOUNT # (Ethics Commission file)

16 SUPPORTING  
POLITICAL  
COMMITTEE(S)

-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

1  
COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE  
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2

TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$6,378.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4

TOTAL POLITICAL EXPENDITURES

\$6,183.08

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Melissa Hanson

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Melissa Hanson, this the 4th day of March, 2002, to certify which, witness my hand and seal of office.

Mary Ann Carmona

Signature of officer administering oath

Mary Ann Carmona

Print name of officer administering oath



MARY ANN CARMONA  
Notary Public, State of Texas  
My Commission Expires  
AUG 25, 2004

Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The instruction guide explains how to complete this form.				1 Total pages this Schedule A1:	
2 FILER NAME <i>Mike Hanson</i>				3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <i>Jimmie Vaughan</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$500.00</i>	8 In-kind contribution description (if applicable) <i>check</i>		
6 Contributor address; City; State; Zip Code <i>909 Terrace Wt, Austin, TX 78746</i>					
9 Principal occupation (Optional)			10 Employer (Optional)		
Date	Full name of contributor <i>John Elmore</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable) <i>check</i>		
Contributor address; City; State; Zip Code <i>10203 La Costa Drive Austin, TX 78747</i>					
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor <i>Ron Anderson</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$562.00</i>	In-kind contribution description (if applicable) <i>CASH <del>FR</del> Benefit FR</i>		
Contributor address; City; State; Zip Code <i>Austin, TX</i>					
Principal occupation (Optional) <i>Bus. Owner</i>			Employer (Optional) <i>Flash Back</i>		
Date	Full name of contributor <i>Jimmy (Salesperson)</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$50.00</i>	In-kind contribution description (if applicable) <i>stakes in signs</i>		
Contributor address; City; State; Zip Code <i>Austin, TX</i>					
Principal occupation (Optional)			Employer (Optional) <i>Viking Fence</i>		
Date	Full name of contributor <i>Michael Hanson</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$500.00</i>	In-kind contribution description (if applicable) <i>Cash</i>		
Contributor address; City; State; Zip Code <i>9903 Capital View Dr, 78747 Austin, TX</i>					
Principal occupation (Optional) <i>owner</i>			Employer (Optional) <i>mt View Homes</i>		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**SCHEDULE ~~B-1~~**  
**(FOR FORMS C/OH & SPAC)**

~~ADDED CONTRIBUTIONS~~  
Same as other side.

Al

The instruction Guide explains how to complete this form.		1 Total pages this Schedule B1:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED PLEDGES:    ◊    ◊    ◊    ◊    ◊    ◊			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC JOY HANSON 7 Pledgor address:    City:    State:    Zip Code 504 sunrise circle, Austin TX 78704	8 Amount of pledge (\$)	9 In-kind description (if applicable) \$100.00 check
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC JOHANNA CLARKE Pledgor address:    City:    State:    Zip Code 6723 Beauford DR, Austin TX 78750	Amount of pledge (\$)	In-kind description (if applicable) \$10.00 cash
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC GEORGE WILLIAM Pledgor address:    City:    State:    Zip Code	Amount of pledge (\$)	In-kind description (if applicable) \$100.00 cash
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC George Humphrey Pledgor address:    City:    State:    Zip Code	Amount of pledge (\$)	In-kind description (if applicable) \$100.00 cash
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC CESTERO Pledgor address:    City:    State:    Zip Code Austin TX	Amount of pledge (\$)	In-kind description (if applicable) \$450.00 69 picture portfolio
Principal occupation (optional) owner		Employer (optional) Imaging Photography	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The instruction Guide explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <i>Mike Harrison</i>		3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <i>Johnny Cook</i> 6 Contributor address; City: State: Zip Code <i>Waco, TX</i>	7 Amount of contribution (\$) <i>\$40.00</i>	8 In-kind contribution description (if applicable) <i>cash (gift)</i>
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <i>Steve Balha</i> Contributor address; City: State: Zip Code <i>Austin, TX</i>	Amount of contribution (\$) <i>\$225.00</i>	In-kind contribution description (if applicable) <i>cash</i>
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <i>Steve Balha</i> Contributor address; City: State: Zip Code <i>Austin, TX</i>	Amount of contribution (\$) <i>\$980.00</i>	In-kind contribution description (if applicable) <i>for signs (credit card)</i>
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <i>Cash from various people</i> Contributor address; City: State: Zip Code	Amount of contribution (\$) <i>\$1,160</i>	In-kind contribution description (if applicable) <i>Cash (gift)</i>
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <i>Cash from various people</i> Contributor address; City: State: Zip Code	Amount of contribution (\$) <i>\$65.00</i>	In-kind contribution description (if applicable) <i>cash (gift)</i>
Principal occupation (Optional)		Employer (Optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# PLEDGED CONTRIBUTIONS

**SCHEDULE B1**  
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$

  

5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC 7 Pledgor address;      City;   State;   Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation (optional)		11 Employer (optional)	

  

Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

  

Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

  

Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

  

Date	Full name of pledgor <input type="checkbox"/> out of state PAC Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH & SPAC)

The instruction Guide explains how to complete this form.				1 Total pages this Schedule A1:	
2 FILER NAME <i>Mike Hanson</i>				3 ACCOUNT # (Ethics Commission files)	
4 Date	5 Full name of contributor <i>Alford Sazonick</i> Contributor address: City: State: Zip Code		<input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>\$10.00</i>	8 In-kind contribution description (if applicable) <i>Cash</i>
9 Principal occupation (Optional)			10 Employer (Optional) <i>Butler mfg.</i>		
Date	Full name of contributor <i>pay pal web site</i> Contributor address: City: State: Zip Code		<input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$11.00</i>	In-kind contribution description (if applicable) <i>pay pal</i>
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor <i>Lisa Smith</i> Contributor address: City: State: Zip Code <i>Austin, TX</i>		<input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$175.00</i>	In-kind contribution description (if applicable) <i>Cash</i>
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor <i>Alex Jones</i> Contributor address: City: State: Zip Code <i>Austin, TX</i>		<input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>\$250.00</i>	In-kind contribution description (if applicable) <i>web advertisement</i>
Principal occupation (Optional)			Employer (Optional)		
Date	Full name of contributor  Contributor address: City: State: Zip Code		<input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)			Employer (Optional)		

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

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# PLEDGED CONTRIBUTIONS

## SCHEDULE B1 (FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out of state PAC  7 Pledgor address:      City:   State:   Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC  Pledgor address:      City:   State:   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC  Pledgor address:      City:   State:   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC  Pledgor address:      City:   State:   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC  Pledgor address:      City:   State:   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out of state PAC  Pledgor address:      City:   State:   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**



## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

7 Amount (\$)

Radio Shark

\$19.46

6 Payee address: City: State: Zip Code

Tapes

8 Purpose of expenditure

Tapes

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Shell Gas Station

\$26.23

Payee address: City: State: Zip Code

Gas

Purpose of expenditure

Gas

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Election Campaign

42.99

Payee address: City: State: Zip Code

Purpose of expenditure

Campaign

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

Kinkos Copies

27.76

Payee address: City: State: Zip Code

Purpose of expenditure

Copies of Files

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**LOANS****SCHEDULE E**

The instruction guide explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission files)**4** TOTAL OF UNITEMIZED LOANS:






\$

**5** Date of loan**7** Name of lender☐ out of state PAC**9** Loan Amount (\$)**6** Is lender a financial institution?

Y N

**8** Lender address; City: State: Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City: State: Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out of state PAC

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City: State: Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City: State: Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME		3 ACCOUNT # (Ethics Commission files)
4 Date	5 Payee name <i>Pfister</i>	7 Amount (\$) <i>300.00</i>
6 Payee address; City: State: Zip Code		
8 Purpose of expenditure <i>Fliers</i>		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name <i>Kinkos</i>	Amount (\$) <i>40.00</i>
Payee address; City: State: Zip Code		
Purpose of expenditure <i>Fliers</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name <i>AT &amp; T Wireless</i>	Amount (\$) <i>600.00</i>
Payee address; City: State: Zip Code		
Purpose of expenditure <i>Phone calls from Phone calls</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held
Date	Payee name <i>Home Depot</i>	Amount (\$) <i>\$37.88</i>
Payee address; City: State: Zip Code		
Purpose of expenditure <i>Miscell</i>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

S.W. Bell Telephone

83.50

6 Payee address; City; State; Zip Code

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Phone calls

Date

Payee name

Amount (\$)

F. Mike Hansen

53.50

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

City map

Date

Payee name

Amount (\$)

S.W. Bell Telephone

50.00

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Phone calls

Date

Payee name

Amount (\$)

Chedex

\$17.00

Payee address; City; State; Zip Code

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission file)

4 Date

5 Payee name

7 Amount (\$)

*Cedar Creek store*  
6 Payee address: City: State: Zip Code

*10.00*

8 Purpose of expenditure

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

*Gas*

Date

Payee name

Amount (\$)

*Mobil*  
Payee address: City: State: Zip Code

*10.00*

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

*Gas*

Date

Payee name

Amount (\$)

*Abby Prister*  
Payee address: City: State: Zip Code

*\$563.00*

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount (\$)

*Mike Hanson*  
Payee address: City: State: Zip Code

*1000.00*

Purpose of expenditure

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name

Office sought / held

*Primary Election Fee*

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

①

②

Bis ~~Hand~~ Painting

8x10

SIGNS

Steve BALAH

\$275.<sup>00</sup>

→ other maps for \$40.00

Brick oven \$31.77  
lunch vol. mtg.

Target (Phone) \$48.69

City of Austin (Lights) \$100.00

web site Donated Labor \$200.00  
for mickhanson.cc

Chris Athan's Labor \$150.00  
for web site

General Printing.  
Printing Inc. ~~1500~~ ~~Alma~~ 891.44

yard Signs - Sign Effect, Inc. 990.00

Maudie's too 10.50

Iron works (Vol. drive) 14.62  
(ntz)

Miller Blue Print Co  
(maps laminated) 38.70

Kinkos (copying & ~~for Vol. drive~~) 53.88

VHS tape 4.50

Walmart clothes 53.79  
new con

Walgreens (types) 16.23

~~Feb~~

~~Aug 2001~~

to JAN

March 2002

ATT wireless calls 6000.00 APP. 00

Home depot 32.88

Gas pay Brack 40.00

Lowes (sticks) 23.87

Fists (Tea) 14.84

Richard Pay Brack 20.00

Robert (gas) 20.00

Tiger mart (gas) 18.00

Roger settler

AD Paper 50.00

Lunch Congress - 32.00



# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The instruction Guide explains how to complete this form.

**1** Total pages Schedule G:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission Here)

**4** Date

**5** Payee name

**8** Amount  
(\$)

**6** Payee address; City; State; Zip Code

**7** Purpose of expenditure

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of expenditure

☐ Reimbursement  
from political  
contributions  
intended

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission files)

**4** Date

**5** Business name

**7** Amount  
(\$)

**6** Business address; City; State; Zip Code

**8** Purpose of payment

**9** -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

2 FILER NAME:

3 ACCOUNT # (Ethics Commission file)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure	8 Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payor name <b>6</b> Payor address; City; State; Zip Code <b>7</b> Reason for credit	<b>8</b> Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The C/OH Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on C/OH page 1 is marked "Final Report" --

**1 C/OH NAME****2 ACCOUNT #** (Ethics Commission file)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**-- Complete A & B below *only* if you are a candidate --**A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate**5 OFFICEHOLDER**-- Complete this section *only* if you are an officeholder --

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed:	
2 CANDIDATE NAME	TITLE	FIRST	MI	OFFICE USE ONLY			
	NICKNAME	LAST		SUFFIX		Acct. #	
CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
							Date Received
CANDIDATE PHONE	AREA CODE	PHONE NUMBER		EXTENSION		HD/PM	
	( )					Date Processed	
OFFICE HELD (If any)							Date Imaged
OFFICE SOUGHT (If known)							
CAMPAIGN TREASURER NAME	TITLE	FIRST	MI	NICKNAME	LAST	SUFFIX	
CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION			
	( )						
NEPOTISM STATEMENT and CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code.</p> <p>_____ Signature of Candidate</p>						

GO TO PAGE 2